

DELAWARE PUBLIC PURCHASING ASSOCIATION, INC.
NIGP CHAPTER #77

MEMBERSHIP APPLICATION FOR 2012

January 1, 2012 to December 31, 2012

Type of Membership Applied For: (See attachment for membership types.)

Regular \$35 Associate \$35 Honorary (No Fee) Retired (No Fee) Student (No Fee)

Mr. Mrs.
Miss Ms.

PLEASE PRINT CLEARLY

Full Name: _____

Your Job Title: _____

Agency Name: _____

Agency Mailing Address: _____

City, State & Zip: _____

Telephone Number: () - Fax Number () -

E-Mail Address: _____

Present Certification: CPPB CPPO C.P.M. Other: _____
(Check all that apply) Please Identify

Current NIGP Member: YES NO

I hereby make application for membership in the Delaware Public Purchasing Association, Inc. and agree that I will be governed by its by-laws, regulations, principles and standards.

SIGNATURE DATE

PLEASE MAKE CHECKS PAYABLE TO: Delaware Public Purchasing Association, Inc.
FEIN #51-0394354

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Kimberly Cuffee
Delaware State Police
P.O. Box 430
Dover, DE 19903
Phone: 302-739-5958

FOR DPPA USE ONLY

Date Payment Received: _____ Amount: _____ Check #: _____

Membership # Assigned: _____ Approved By: _____ Date: _____

Note: Please use this form as your invoice. Unfortunately, at this time, we are unable to accept payment by credit card.